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PTO/SB/01 (09-04) / 'Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket 941960 Number **DECLARATION FOR UTILITY OR** First Named Inventor **DESIGN** PALMATEER, Garry A. PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) **Application Number** 10/531,687 Filing Date Declaration Declaration OR Submitted Submitted after Initial

| With Initial | | iling (surcharge 37 CFR 1.16 (e)) | Art Unit | | | |
|---|--|--|---|-----------------------|--------------------------|------------------------------------|
| Filing | | equired) | Examiner Name | | | |
| | | ·-··· | <u> </u> | <u> </u> | | |
| I hereby declare that | : | | | | | |
| Each inventor's residence, mailing address, and citizenship are as stated below next to their name. | | | | | | |
| I believe the inventor(s which a patent is soug | | | t inventor(s) of the subjec | t matter wi | hich is claime | ed and for |
| RAPID COLIFO | RM DETECT | ION SYSTEM | | | | |
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| | ٠. | | | | | |
| | | (Title of the | e Invention) | | | |
| the specification of wh | nich | , | · : | | | |
| is attached he | ereto | | | | | |
| OR | | | | | | |
| was filed on (N | IM/DD/YYYY) | 10/17/2002 | as United States Ap | plication N | lumber or PC | T International |
| Application Number | PCT/CA2002/001 | 557 and was amend | ed on (MM/DD/YYYY) | | | (if applicable). |
| I hereby state that I hat amended by any ame | | | s of the above identified s | specificatio | n, including t | he claims, as |
| | · | | | | | |
| I acknowledge the du continuation-in-part a | uty to disclose in pplications, mater | formation which is mat ial information which be | erial to patentability as e ecame available betweer | defined in the filing | 37 CFR 1.5 date of the p | 6, including for orior application |
| and the national or PC | CT international file | ing date of the continua | tion-in-part application. | | | |
| I hereby claim foreign | n priority benefits | under 35 U.S.C. 119(a) | a)-(d) or (f), or 365(b) o any PCT international app | f any foreig | ign applicatio | n(s) for patent, |
| country other than the | United States of | America, listed below a | and have also identified b | elow, by cl | hecking the b | oox, any foreign |
| application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. | | | | | | |
| Prior Foreign Appli | cation | Foreign Filir | | | Certified Co | opy Attached? |
| Number(s) | Coun | try (MM/DD/Y | YYY) Not Clai | med | YES | NO NO |
| | | | |] | | |
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| | | | | ħ Ι | | \Box |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. | | | | | | |

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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| | Name | | | | | | | | | |
| | Address | | | | | | | | | |
| | City | | | | State | 9 | | | | ZIP |
| | Country | | Telephor | ne | ····· | | | Fax | | |
| | I hereby declare that all state and belief are believed to be statements and the like so man false statements may jeopard | e true; and fur ade are punishal | ther that ole by fine | these state or impriso | ement nmen | ts we | ere made both, unde | with r 18 l | the kno | wledge that willful false |
| 1-10 | NAME OF SOLE OR FIRST I | NVENTOR: | | Пар | etition | has | been filed f | or thi | s unsiar | ned inventor |
| 100 | Given Name (first and middle | [if any]) | | | | Family Name or Surname | | | | |
| | Garry A. | | | | | | PALMATER | R | | |
| * | Invertor's Signature Harry Talmat | 1_ eer | | | | | | | | 0ct 21/05 |
| | Residence: City | State | | | Cou | ntry | 0.0. | | Citize | • |
| | London | Ontario_ | | | Canad | da | CAX | | Canadia | an |
| | Mailing Address 934 Oxford Street West | | | | | | | | | |
| | City | State | | | | Zip | | | | Country |
| | London | Ontario | | | | N 6 | H 1V3 | | 10 | Canada |
| 2 (1) | NAME OF SECOND INVENT | OR: | | | |] A | petition ha | s bee | n filed t | for this unsigned inventor |
| 2-00 | Given Name (first and middle | [if any]) | | | -1 | Family Name or Surname | | | | me |
| | Katarina D.M. | | | | | ! | PINTAR | | | |
| | Inventor's Signature | f order | | | | | | | | Date (14 23/05 |
| | Residence: City | State | | | Cou | | 0 00. | | Citize | |
| | St. Agatha | Ontario | | | Cana | da | CHIL | | Canadi | an ————————— |
| | Mailing Address 1277 Berlett's Road | | | | | | | | | |
| • | City | State | | | | Zip | | | Count | try |
| - | St. Agatha | Ontario | | | | NOB | 2L0 | | Canada | 3 |
| | Additional inventors or a legal | representative are be | ing named or | n the <u>1</u> s | upplem | ental | sheet(s) PTO/S | SB/02A | or 02LR | attached hereto. |

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| DECLARATION | ADDITIONAL Supplemental S | INVENTOR(S) heet | Paq | e 1 of 1 | | | |
|---|---------------------------|--|----------------------------|--------------------|-------------|--|--|
| Name of Additional Joint Inventor, if any | /: | A petition | has been filed for this ur | nsigned | inventor | | |
| Given Name (first and middle (if any)) | | Family Name or | Surname | | | | |
| Michele I. | VAN DYKE | | | | | | |
| Inventor's Mirielle . | | | | QLE | 23/05 | | |
| London Residence: City | Ontario State | Cana Cou | - /-/ | Canadia Citizei | | | |
| 1020 Hargrieve Road | | | | | | | |
| Mailing Address | | ··· - ··· | 1 | <u> </u> | | | |
| London | Ontario | | N6E 1P5 | Canada | | | |
| Name of Additional Joint Inventor, if any | State | A = = 4 i i = = | Zip | Count | - | | |
| Given Name (first and middle (if any)) | | A petition has been filed for this unsigned inventor Family Name or Surname | | | | | |
| Citori Name (mot and middle (ii arry)) | | | , anni, tranic di di | | | | |
| Inventor's Signature | | | | Date | | | |
| Residence: City | State | | Country | | Citizenship | | |
| Mailing Address | | | | | | | |
| City | State | 13 13 15 | Zip | Count | rv | | |
| Name of Additional Joint Inventor, if any | | A petition | has been filed for this u | | | | |
| Given Name (first and middle (if any)) | | Family Name or Surname | | | | | |
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| Inventor's Signature | | · · · | | Date | | | |
| Residence: City | State | | Country | | Citizenship | | |
| Mailing Address | | | | | | | |
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| City | State | | Zin | Count | trv | | |

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| STATEMENT UNDER 37 CFR 3.73(b) | | | | | |
|--|--|--|--|--|--|
| Applicant/Patent Owner: Garry A. Palmateer, Katarina D.M. Pintar and Michele I. Van Dyke | | | | | |
| Application No./Patent No.: PCT/CA2002/001557 Filed/Issue Date: October 17, 2002 | | | | | |
| Entitled: RAPID COLIFORM DETECTION SYSTEM | | | | | |
| CONESTOGA-ROVERS & ASSOCIATES LIMITED , a Corporation (Name of Assignee) (Type of Assignee, e.g., corporation, par | tnership, university, government agency, etc.) | | | | |
| states that it is: 1. the assignee of the entire right, title, and interest; or | | | | | |
| an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is % | | | | | |
| in the patent application/patent identified above by virtue of either: | | | | | |
| A. An assignment from the inventor(s) of the patent application/patent identified above in the United States Patent and Trademark Office at Reel, Frame _ thereof is attached. | | | | | |
| B. A chain of title from the inventor(s), of the patent application/patent identified above below: | e, to the current assignee as shown | | | | |
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| The document was recorded in the United States Patent and Trademark Of Reel, Frame, or for which a copy them | | | | | |
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| Additional documents in the chain of title are listed on a supplemental sheet. | | | | | |
| Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (<i>i.e.</i> , a true copy of the original assignment document(s)) m Division in accordance with 37 CFR Part 3, if the assignment is to be recorded i MPEP 302.08] | | | | | |
| The undersigned whose title is supplied below) is authorized to act on behalf of the assi | nnee | | | | |
| Education A. H. B. Annal + | October 26, 2005 | | | | |
| Signature | Date | | | | |
| Robert A. H. Brunet | _519-673-5591 | | | | |
| Printed or Typed Name | Telephone Number | | | | |
| Patent Agent for Anissimoff & Associates | | | | | |
| Title | | | | | |

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| Application Number | 10/531,687 |
|------------------------|---------------------------------|
| Filing Date | |
| First Named Inventor | PALMATEER, Garry A. |
| Title | RAPID COLIFORM DETECTION SYSTEM |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 941960 |

| I hereby revoke a | I previo | us powers of attorney given i | n the abov | e-ide | ntified applica | tion. | |
|--|--------------------------|---|---------------------------------------|----------|-------------------|-------------|--------------------------|
| I hereby appoint: | | Γ | | | | | |
| Practitioners associated with the Customer Number: OR | | | | | | | |
| Practitioner(s) named below: | | | | | | | |
| | | Name | | | Registration | n Numbe | r |
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| as my/our attorney(s) Trademark Office con | or agent(s nected the | s) to prosecute the application identiferewith. | fied above, ar | nd to tr | ansact all busine | ss in the l | Jnited States Patent and |
| Please recognize or c | hange the | correspondence address for the ab- | ove-identified | applic | cation to: | | |
| The address | associate | ed with the above-mentioned Custon | ner Number: | | | | |
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| Telephone I am the: | | | <u></u> | αx | - | | |
| Applicant/Inv | entor. | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Signature | <i>9</i> 4 | Wenken | | | | Date | 0ct11/05 |
| Name | Abha Ro | mkey | | | Ţ | elephone | 519-884-0510 |
| Title and Company Corporate Counsel for Conestoga-Rovers & Associates Limited | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
| *Total of 4 | | forms are submitted. | | | | | |

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| Application Number | 10/531,687 |
| Filing Date | |
| First Named Inventor | PALMATEER, Garry A. |
| Title | RAPID COLIFORM DETECTION SYSTEM |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 941960 |

| I hereby revoke all previous p | powers of attorney given in the ab | ove-ide | ntified applica | ation. | |
|---|---|-------------|-------------------|--------------|--------------------------------|
| I hereby appoint: | | | | | |
| 7 | 11.0 | 337 | 98 | | |
| ✓ Practitioners associated with t | the Customer Number: | 331 | 30 | | |
| OR | | | | | |
| Practitioner(s) named below: | | | | | |
| Name Registration Number | | | | | |
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| as my/our attorney(s) or agent(s) to | prosecute the application identified above | , and to tr | ansact all busine | ess in the l | Inited States Patent and |
| Trademark Office connected therew | ntn. | | | | |
| | respondence address for the above-identi | fied applic | cation to: | | |
| | rith the above-mentioned Customer Numb | er: | | _ | |
| OR | | | |] | |
| The address associated w | vith Customer Number: | | | | |
| OR Firm or | <u> </u> | | | <u> </u> | |
| Individual Name | | | | | |
| Address | | | | | |
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| Telephone | | Fax | | | |
| I am the: | | 1 | | | |
| ✓ Applicant/Inventor. | | | | | |
| | entire interest. See 37 CFR 3.71. | | | | |
| Statement under 37 CFR 3 | 3.73(b) is enclosed. (Form PTO/SB/96) | | - | | |
| 1 -1-1 | SIGNATURE of Applicant or A | ssignee d | or Record | | 10 + 3/00 |
| Signature 7/14 | We craf | | <u> </u> | Date | 00 23/03. |
| Name Michele I. Va | 1 11 1 | 2.1 | , , - | Telephone | 1519-6.52-8726 |
| Title and Company Research Associate. University of Wat 100. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one | | | | | |
| signature is required, see below*. | assignees of record of the entire interest of their | representa | | a. Submit m | anapie reitits ii more man one |
| *Total of 4 form | ns are submitted. | | | | |

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| Filing Date . | |
| First Named Inventor | PALMATEER, Garry A. |
| Title | RAPID COLIFORM DETECTION SYSTEM |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 941960 |

| I hereby revoke a | l previo | us powers of attorney gi | ven in the | above-ide | ntified applica | ition. | | |
|---|--|---------------------------------|----------------|---------------------|--------------------|--------------|-----------------------|---|
| I hereby appoint: | | | | | | 1 | | |
| | Practitioners associated with the Customer Number: 33798 | | | | | | | |
| Practitioner(s) named below: | | | | | | | | |
| | | Name | | Registration Number | | | |] |
| | | | | | 1 | | | |
| as my/our attorney(s) | or agent(s | s) to prosecute the application | identified abo | ove, and to t | ransact all busine | ess in the U | nited States Patent a | |
| Trademark Office con | nected the | erewith. | | | | | | |
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| The address OR | associat | ed with Customer Number: | | | |] | | |
| Firm or Individual | Name | | | | | | | • |
| Address | | | | | | | | |
| City | | | | State | | | Zip | |
| Country | | | | LEON | | | | |
| Telephone Fax I am the: ✓ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | |
| Signature | Ka | true Kinter | | | | Date | Oct 23/05 | |
| Name | Katarina | D.M. Pintar | | | | Telephone | 519-747-114 | 4 |
| Title and Company | Title and Company Microbiologist, Public Health Agency of Canada | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | |
| ▼ *Total of 4 | | forms are submitted. | | | | | | |

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| Application Number | 10/531,687 |
|------------------------|---------------------------------|
| Filing Date | |
| First Named Inventor | PALMATEER, Garry A. |
| Title | RAPID COLIFORM DETECTION SYSTEM |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 941960 |

| I hereby revoke all previous powers of attorney given | n in the above-identified application. | | | | |
|--|---|--|--|--|--|
| I hereby appoint: | | | | | |
| Practitioners associated with the Customer Number: | 33798 | | | | |
| OR | | | | | |
| Practitioner(s) named below: | | | | | |
| Name Registration Number | | | | | |
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| as my/our attorney(s) or agent(s) to prosecute the application idea Trademark Office connected therewith. | ntified above, and to transact all business in the United States Patent and | | | | |
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| The address associated with the above-mentioned Cust | omer Number: | | | | |
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| The address associated with Customer Number: OR | | | | | |
| Firm or Individual Name | · | | | | |
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| City | State Zip | | | | |
| Country Telephone | Fax | | | | |
| I am the: | | | | | |
| Applicant/Inventor. | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. | | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | |
| Signature dury analon | Date 0.4-21/05 | | | | |
| Name Garry A. Parmateer Telephone 519-681-0.571 | | | | | |
| Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one | | | | | |
| signature is required, see below*. | | | | | |
| *Total of 4 forms are submitted. | | | | | |

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